

Statement of Physical or Medical Qualification

Subject: **Strenuous Activity During CSTI Haz Mat Training**

Participant Name: _____

1. The above listed participant is physically qualified to participate in training which requires the following:
 - A. The use of negative pressure respirators (A.P.R.)
 - B. The donning, doffing and wearing of partial and/or fully encapsulating chemical protective clothing for extended durations (up to 1 hour). Including impermeable suit, gloves, boots and other accessories used during field exercises (hazards includes in-suit temperature exceeding 100 Fahrenheit and humidity of 100%). In-suit time of 30 minutes could result in rapid fluid loss up to 5% of total body weight.
 - C Lifting, carrying and wearing equipment in excess of 35 lbs.

Signature <input type="checkbox"/> Employer “or”	Date
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Signature <input type="checkbox"/> Physician	Date
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Comments:

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: (____) _____

Note: Please *Hand Carry* this note to the first day of class. **You will not be allowed to participate in field exercises without a completed original. You can have your employer or Physician sign this document!**